

**IDAHO BLUE CROSS  
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

|  |   |                                |                              |  |          |                          |              |
|--|---|--------------------------------|------------------------------|--|----------|--------------------------|--------------|
| <b>PAYER ID NUMBER</b>                                     | <b>CBID1</b>  |                                |                              |  |          |                          |              |
| <b>ELECTRONIC REGISTRATIONS</b><br><br>Agreements Required | <p><b>Emdeon Business Services Provider Enrollment Form</b></p> <ul style="list-style-type: none"> <li>▪ Please complete all requested information</li> </ul> <p><b>Blue Cross of Idaho EDI Registration Form</b></p> <ul style="list-style-type: none"> <li>• Please complete all requested information and sign.</li> </ul>   |                                |                              |  |          |                          |              |
| <b>SPECIAL NOTES</b>                                       | <ul style="list-style-type: none"> <li>▪ Only Providers who reside and/or practice in the state of Idaho may send claims electronically.</li> <li>▪ If Provider Services does not have your NPI on file, please fill out the NPI Blue Cross of Idaho form. This form can be accessed at <a href="https://www.bcidaho.com/edi_clearinghouse/NPINotificationForm080806.pdf">https://www.bcidaho.com/edi_clearinghouse/NPINotificationForm080806.pdf</a> . Please fax the form to (208) 387-6853.</li> </ul> |                                |                              |  |          |                          |              |
| <b>SEND REGISTRATION FORMS TO:</b>                         | <p>Emdeon Business Services<br/>Attn: Provider Registration<br/>220 Burnham Street<br/>South Windsor, CT 06074<br/>Or<br/>fax to: (860) 289-0055</p>  |                                |                              |  |          |                          |              |
| <b>ENROLLMENT CONFIRMATION</b>                             | Enrollment will be coordinated between Idaho Blue Cross and Emdeon Business Services. Once completed Emdeon Business Services will notify the provider's software vendor or office when they may begin sending claims electronically.   |                                |                              |  |          |                          |              |
| <b>CHANGING ELECTRONIC BILLING AGENTS</b>                  | If the Provider currently submits claims through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.  |                                |                              |  |          |                          |              |
| <b>CONTACT PHONE NUMBERS</b>                               | <table> <tr> <td>Idaho Blue Cross EDI Help Desk</td> <td>888-224-3341 or 208-331-8817</td> </tr> <tr> <td></td> <td>Option 2</td> </tr> <tr> <td>Emdeon Business Services</td> <td>888-255-7293</td> </tr> </table>   | Idaho Blue Cross EDI Help Desk | 888-224-3341 or 208-331-8817 |  | Option 2 | Emdeon Business Services | 888-255-7293 |
| Idaho Blue Cross EDI Help Desk                             | 888-224-3341 or 208-331-8817  |                                |                              |  |          |                          |              |
|  | Option 2  |                                |                              |  |          |                          |              |
| Emdeon Business Services                                   | 888-255-7293  |                                |                              |  |          |                          |              |



**PROVIDER ENROLLMENT FORM**

**Print/Type the following:**

**Insurance Carrier:** IDAHO BLUE CROSS – payer ID CBID1

**Provider/Organization Name:** \_\_\_\_\_

**Tax Identification or Social Security Number:** \_\_\_\_\_  
*(Number that will be used to submit electronic claims)*

**Software Vendor:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_  
*(if available)*

**Group NPI Number:** \_\_\_\_\_  
*(if applicable)*

**Rendering Provider Information**

| <b>Name</b> | <b>Provider ID</b><br><i>(if available)</i> | <b>NPI</b> |
|-------------|---|------------|
| _____       | _____                                       | _____      |
| _____       | _____                                       | _____      |
| _____       | _____                                       | _____      |
| _____       | _____                                       | _____      |

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Office Contact Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**EDI REGISTRATION FORM**

Blue Cross of Idaho  
3000 E Pine Ave  
Meridian, Id 83642  
Fax 208-331-7203

**Enrollments will be completed with 5-7 Business Days from Date Received**

**DATE:** \_\_\_\_\_

**Provider Information:**

Please indicate your classification (required):

- Individual Provider:
- Group/Practice:

Business Name: \_\_\_\_\_

Provider Name (Last, First, MI and Suffix): \_\_\_\_\_

Provider NPI Number: \_\_\_\_\_

Group NPI Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

EIN #: \_\_\_\_\_

**Check the applicable:**

- Provider is the Direct Submitter of Data
- Provider is with Billing Service or another Clearinghouse
- Billing Service: \_\_\_\_\_ Submitter ID: \_\_\_\_\_
- Clearinghouse: Claims Processing Service, Inc. dba Emdeon Business Service, Inc.

Additional Information: \_\_\_\_\_

**Select HIPAA Transaction (s) :**

|  |  |
|--|--|
| <input type="checkbox"/> X12N 837P (Professional Claim)  | <input type="checkbox"/> X12N 837D (Dental Claim)                    |
| <input type="checkbox"/> X12N 837I (Institutional Claim) | <input type="checkbox"/> X12N 270/271 (Eligibility Inquiry/Response) |
| <input type="checkbox"/> X12N 835 (Remittance Advice)    | <input type="checkbox"/> X12N 276/277 (Claim Inquiry and Response)   |

Name of Software or Vendor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature**

Signature of Provider or Office Manager \_\_\_\_\_



## Trading Partner Agreement

### **ELECTRONIC TRADING PARTNER AGREEMENT**

This Electronic Trading Partner Agreement ("Agreement") is made as of the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_ ("Effective Date"), by and between Blue Cross of Idaho EDI+ Clearinghouse, ("Clearinghouse"), and \_\_\_\_\_ ("Trading Partner").

This Agreement provides the terms and conditions governing electronic transfers of data communications and funds between Clearinghouse and Trading Partner (collectively, "Parties") by direct digital or electronic transmission over communication lines to accomplish the Parties' business objectives regarding the provision and acquisition of products and services and the transfer of funds. This Agreement will remain in effect until terminated according to its terms. The Trading Partner intends to conduct transfer of data communications with Clearinghouse in electronic form. Both parties acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Each party agrees to take all steps reasonably necessary to ensure that all electronic transactions between them conform to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated hereunder. Without limiting the generality of the preceding sentence, the parties agree as follows:

#### **A. Obligations of the Parties.**

**1. Mutual Obligations.** Each party will take reasonable care to ensure that the information submitted in each electronic transaction is timely, complete, accurate, and secure, and will take reasonable precautions to prevent unauthorized access to (a) its own and the other party's transmission and processing systems, (b) the transmissions themselves, and (c) the control structure applied to transmissions between them. The parties shall follow the communications and protocols for sending and receiving transactions as set forth in the Companion Guide.

- a) Retransmission of Lost or Indecipherable Transmissions. A party will retransmit the original transmission within five (5) business days of its discovery (if discovered within sixty (60) days of original transmission) that a data transmission is a lost or indecipherable transmission.
- b) Backup Files. Each party will maintain adequate backup files, electronic tapes or other sufficient means to recreate a transmission of data for at least six (6) years from the data transmission's creation date. Such backup files, tapes or other sufficient means will be subject to the privacy, security and termination provisions of this Agreement to the same extent as the original data transmission.
- c) Transmission Format. All standard transactions, as defined by Social Security Act § 1173(a) and the Transaction Rules, conducted between Clearinghouse and Trading Partner or Business Associate, will only use code sets, data elements and formats specified by the Transaction Rules.
- d) Costs. Each party is responsible for all costs, charges, or fees it may incur by transmitting electronic transactions to, or receiving electronic transactions from, the other party.
- e) Testing. Before initiating any transmission in HIPAA standard transaction format, and thereafter throughout the term of this Agreement, each party will cooperate with the other party in testing of the transmission and processing systems to ensure the accuracy, timeliness, completeness and confidentiality of each data transmission. Failure to consistently send accurate and/or complete data may result in the suspension of access by Trading Partner and requirement of Trading Partner to retest.
- f) Privacy and Security. Each party is solely responsible for the preservation, privacy, and security of data in its possession, including data in transmission received from the other party and other persons, in compliance with Social Security Act § 1173(d) and any Health and Human Services implementing regulations or guidelines. If either party receives from the other, data not intended for it, the receiving party will immediately notify the sender to arrange for its return, retransmission, or destruction, as the other party directs.

#### **B. Trading Partner Obligations.**

- 2. Prohibited Use.** Trading Partner will not copy, reverse engineer, disclose, publish, distribute, alter or use data, data transmission or Envelope for any purpose other than for which Clearinghouse has specifically authorized Trading Partner under the terms of this Agreement.
- 3. Prohibited Access.** Trading Partner will not obtain access by any means to data, data transmission, Envelope, or Clearinghouse's Operating System for any purpose other than as Clearinghouse has specifically granted Trading Partner access under this Agreement. In the event that Trading Partner receives data or data transmissions not intended for Trading Partner, Trading Partner will immediately notify Clearinghouse and make arrangements to retransmit or otherwise return the data or data transmission to Clearinghouse. After such retransmission or return, Trading Partner will immediately delete the data and data transmission from its Operating System.
- 4. Protection of Access Codes.** Trading Partner will protect and maintain the confidentiality of Security Access Codes issued to Trading Partner by Clearinghouse, and limit disclosure of those codes to authorized personnel. Trading Partner may be required to change access codes on a regular basis.
- 5. Business Associates.** Trading Partner may authorize one or more intermediaries to electronically send or receive Clearinghouse data on its behalf. Every such intermediary must first be bound by written agreement with the Trading Partner to comply with applicable law and regulations, with the current applicable Addenda and Companion Guides, and with the terms of this Agreement. Trading Partner agrees and represents that it will disclose its provider number, user ID number, password, and any other means that enable Clearinghouse data to be transmitted to or received, only to intermediaries with whom it has such written agreements.

#### **C. Clearinghouse Obligations**

- 6. Data Transmission.** Clearinghouse will make available to Trading Partner, via electronic means, data and data transmissions for which this Agreement grants Trading Partner access or authorization, or as provided by law.
- 7. Modification.** Clearinghouse may modify the Companion Guide at any time without amendment to this Agreement, but the Trading Partner will not be required to implement such modifications sooner than thirty (30) days after publication of the modified Companion Guide, unless a shorter compliance period is necessary to conform to applicable federal law or regulation. Clearinghouse may reject any transaction that does not conform to the applicable Companion Guide.

#### **D. Term, Termination and Liability**

**8. Term of Agreement.** This Agreement will remain in effect until terminated pursuant to the provisions below:

- a) Voluntary Termination. Either party may terminate this Agreement upon ninety (90) days prior written notice to the other party.
  - b) Termination for Cause. Either party may terminate this Agreement upon thirty (30) days prior written notice to the other party upon the default by the other party of any material obligation of this Agreement, provided that the written notice sets forth the default with reasonable specificity and the default is incurable or, being capable of cure, has not been cured within the thirty (30) day period after receipt of the written notice. In the event of the termination of any applicable contract between the Parties, BCI will have the unilateral right to terminate this Agreement immediately by providing Trading Partner with written notice of termination.
- 9. Continuing Obligations.** Termination or expiration of this Agreement, or any other contract between the parties, does not relieve either party of its obligations under this Agreement and under federal and state laws and regulations pertaining to the privacy and security of Individually Identifiable Health Information, nor its obligations regarding the confidentiality of proprietary information.
- 10. Indemnity.** Each party will indemnify and hold harmless the other party and any of the other party's affiliates, officers, directors, employees or agents from and against any claim, cause of action, liability, damage, cost or expense, including attorneys' fees and court or proceeding costs, arising out of any act or omission of the breaching party or any subcontractor, agent, person or entity under the breaching party's control, in the performance of this Agreement.
    - a) Right to Tender or Undertake Defense. If the non-breaching party is named a party in any judicial, administrative or other proceeding arising out of any act or omission in the performance of this Agreement by the breaching party or any subcontractor, agent, person or entity under the breaching party's control, the non-breaching party will have the option at any time either (i) to tender its defense to the breaching party, in which case the breaching party will provide qualified attorneys, consultants, and other appropriate professionals to represent the non-breaching party's interests at the breaching party's expense, or (ii) undertake its own defense, choosing the attorneys, consultants, and other appropriate professionals to represent its interests, in which case the breaching party will be responsible for and pay the reasonable fees and expenses of such attorneys, consultants, and other professionals.
    - b) Right to Control Resolution. Each party will have the sole right and discretion to settle, compromise or otherwise resolve any and all claims, causes of action, liabilities or damages against it, notwithstanding that it may have tendered its defense to the other party. Any such resolution will not relieve the breaching party of its obligation to indemnify the non-breaching party under this Section D.3.

Version Date: 05-15-08

c) Limitation of Liability. Except claims or causes of action related to fraud by Trading Partner, neither party will be liable for any special, incidental, indirect, exemplary or consequential damages resulting from any claim or cause of action arising out of any delay, omission or error in any transmission of data or the other party's performance or failure to perform in accordance with the terms of this Agreement, including, without limitation, loss of use, revenues, profits or savings, even if a party has been advised in advance of the possibility of such damages.

d) Dispute Resolution. The Parties will work together in good faith to resolve any dispute or alleged breach of this Agreement within a reasonable period of time by using a mutually agreed alternative dispute resolution technique prior to resorting to litigation. This provision does not apply to actions by either party that are the subject of immediate termination under this Agreement or to disputes involving fraud, in which case a party will be free to seek available remedies in any appropriate forum at any time.

**E. General Provisions**

11. **Choice of Law/Compliance with Law.** This Agreement will be governed by and construed under the laws of the State of Idaho. This Agreement shall be automatically modified to the extent required by statute or regulation.

12. **Severability.** If any provision of this Agreement is deemed to be invalid or unenforceable by a court of competent jurisdiction, the same shall be deemed severable from the remainder of this Agreement and the parties agree to renegotiate such provision in good faith, in order to maintain the economic position enjoyed by each party as close as possible to that under the provision rendered unenforceable. In the event that the parties cannot reach a mutually agreeable and enforceable replacement provision, then (a) such provision shall be excluded from this agreement, (b) the balance of the Agreement shall be interpreted as if such provision were so excluded and (c) the balance of the Agreement shall be enforceable in accordance with its terms.

**ELECTRONIC TRADING PARTNER AGREEMENT SIGNATURES**

The parties will be bound by all the terms, provisions and conditions of this Agreement upon execution of the Agreement by each party's authorized representative.

Agreed to:



\_\_\_\_\_  
**TRADING PARTNER SIGNATURE**

\_\_\_\_\_  
**TRADING PARTNER NAME**

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Agreed to:

BLUE CROSS OF IDAHO EDI+CLEARINGHOUSE  
3000 E. Pine St., Meridian, ID 83642

Any changes made to this document without prior agreement from both parties will make this agreement void.

**When printing this Agreement to complete and sign please keep a copy on file and send ONLY the signature page to: Attn: EDI Help Desk , Blue Cross of Idaho Clearinghouse, Fax number (208) 331-7203 or mail to PO Box 7408, Boise, ID 83707.**

*An Independent Licensee of the  
Blue Cross and Blue Shield Association*